

State: Pennsylvania

Citation	Condition or Requirement
	7. Resource Standard - Medically Needy
	a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act	b. A single standard is employed in determining resource eligibility for all groups.
<input checked="" type="checkbox"/>	c. In 1902(f) States, the resource standards is more restrictive than in 7.b. above for--
	<input type="checkbox"/> Aged
	<input type="checkbox"/> Blind
	<input type="checkbox"/> Disabled
	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2</u> so indicates.
1905(p)(1)(D) and (p)(2)(B) of the Act	8. Resource Standard - Qualified Medicare Beneficiaries
	For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the resource standard is twice the SSI standard.
1905(s) of the Act	9. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

TN No. 91-33

Supersedes

TN No. 90-24, 89-04,

88-05, 87-11, and 84-12

Approval Date

9/10/1998

Effective Date November 1, 1991

HCFA ID: 7985E

State: Pennsylvania

Citation	Condition or Requirement
10.	Excess Resources
a.	Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals Any excess resources make the individual ineligible.
b.	Categorically Needy Only <u>/X/</u> This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
c.	Medically Needy Any excess resources make the individual ineligible.

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TN No. 88-05 and
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Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. <input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related. Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. <input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related. (2) For the retroactive period. Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: <input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related. Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.. <input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Conditions or Requirements
1902(b)(1) the Act	<p><u>X</u> (3) For a presumptive eligibility period for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902(e)(8) and 1905(a) of the Act	<p><u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><u>X</u> 12 months</p> <p>___ 6 months</p> <p>___ ___ months (no less than 6 months and no more than 12 months)</p>

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STATE: Pennsylvania

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Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	12. Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources. Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to ATTACHMENT 2.6-A</u> .

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